# Lessons From the Practice

## Something Under The Skin

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The emergency department note listed his presenting complaint as "scabies"; his assessment and plan included "psychiatric consult" and "release." He was middle aged, wearing a plain white tee shirt and drab cotton shorts, sitting up in the bed, and looking impatient. A busy Friday evening was in full swing, with patients queued up neatly on gurneys in the hall, milling in the waiting room, and spilling out through the triage doors into the warm evening. We had been asked to make sure he was psychiatrically safe to go home, see to what community resources he could be referred, and help him be on his way—which would free the precious corner of the emergency department he occupied for the next of many patients.

He eyed me suspiciously when I introduced myself as a medical student working with the Psychiatry Department. He took a deep breath and patiently recounted, probably for the fourth or fifth time, his situation: four weeks previously he had been diagnosed with scabies and been given a prescription for a topical therapy, to no effect. Two weeks following he had seen another physician—"A dermatologist!" he enthused—and had been given another prescription. He produced this one and, clutching it tightly, thrust it in my face. It was diphenhydramine capsules. "But," he said, his voice rising, "they didn't do a damn thing!"

He had since shut himself in his home, "not even going to get the mail!" for two weeks. Finally, that night, he had made the decision to come to the emergency department, because the itching was now "just about unbearable." Once in the department, he had been cleared of any medical diagnoses, including scabies, before the psychiatric service was called. He was angry and disheartened.

"It sounds like you're frustrated with the various doctors you've seen," I ventured, trying to learn the role of psychiatrist by doing. He warmed immediately.

"Yes! Can you imagine it? Look!" He jabbed his finger at an unremarkable region of his left leg. "And here!" he said, pulling up his shirt to reveal his equally unremarkable abdomen. I studied both sites intently and found not so much as an excoriation.

"Sir, what do you see that makes you certain you have scabies?"

"Look!" he exclaimed again, indicating the same areas, free from the least blemish. He stared at me in judgment. Was I on his side, or was I going to disbelieve him like the rest? I had learned that patients can arrive in the emergency department seeking drugs as unlikely as benztropine or haloperidol. Could it really be that this man was malingering for permethrine cream or lindane shampoo?

Finally, I asked, "Sir, are you really *sure* you have scabies?"

"Dammit! All right then!" he grumbled. He swung around his legs on the gurney, pulled off the inexplicable pulse oximeter, and gathered his things to go. "If nobody can do anything for this damn itching, I might as well shoot myself!" I suddenly imagined reading the case report of a scabies fatality, and I didn't want to let him leave.

"Sir, could it be that there is another reason you've come to the emergency department this evening?" For a moment, he wouldn't speak to me. "Sir, is there anything you'd like to talk about?"

Finally, he let out a slow sigh and settled back down on his gurney. "Only if you've got all day. And besides, you can't understand."

Trying to remember my lessons, I "permitted the silence."

He spoke again. "You can't go back to people anymore. You have to be alone." He revealed that he was a Korean war veteran, who served two consecutive tours of prolonged, heavy fighting. He had been wounded and was uncertain how many people he himself had killed. When he came back to the United States, he found work as an auto mechanic and lived alone in a one-bedroom apartment. No, he had never married. No, he had never had a significant romantic relationship after the war. He had lost contact with his family. Yes, he had considered taking his life before, many times. Yes, he had made suicide plans.

"Have you talked with anyone about your experiences?" I asked.

"Like who?"

"Other veterans, perhaps?" He shrugged his shoulders. I continued. "Do you think it could be helpful to talk with other people who have had experiences similar

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to yours, sir?" He shrugged his shoulders again, but his face softened. "Have you tried seeing what the Veterans' Administration might have to offer?" He had not. We had a fragile therapeutic relationship, and I didn't know how far I could take it, but I went on. "Sir, would you be willing to have us arrange for you to get help, to have someone to talk to?"

A few hours and several phone calls later, we had arranged for him to be transferred to the posttraumatic stress disorder service at the regional VA center. My supervisor and I had a sense of satisfaction as it seemed we might be able to do more for this gentleman than is often possible in such circumstances. We also considered how sad it was that he had gone for so long without services, eventually becoming a recluse of his own making.

When the transport we had arranged for him arrived, I tracked him down in the waiting area to shake his hand and wish him well.

"By the way sir," I said, "if you'd like, I can give you recommendations for some over-the-counter anti-itch medications that could help you be more comfortable."

He looked at me blankly. He had no idea what I was talking about.